

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
33216 M 038.1

In re Application of Noboru MASUDA, et al.

Application Number 10/617,865 Filed July 14, 2003

For Intermittent Coating Apparatus and Intermittent Coating Method

Art Unit 1762 Examiner Frederick John PARKER

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

<input checked="" type="checkbox"/> A check in the amount of \$120. is enclosed.
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 23,263

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 3, 2005

Date

202 263 4300

Telephone Number

Signature

Michael A. Makuch

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.